

**Independent Citizens Redistricting Commission**  
**Application Review and Quality Control Sheet**

**Applicant Name:** Araminta L. Everton  
**Date Received:** 2/22/13 **Applicant Number:** 10483  
**Recommended Applicant Pool Status:** ☒ Included ☐ Removed  
**Final Applicant Pool Status:** ☒ Included ☐ Removed

**REQUIREMENTS:**

1. Was the application received before the submission deadline?

☒ Yes ☐ No

*If NO, list time/date application was received: \_\_\_\_\_*

2. Is the application complete?

☒ Yes ☐ No

*If NO, list the item(s) that need to be completed: \_\_\_\_\_*

3. Indicate how the applicant responded to the following questions:

A. Student enrolled in a college/university in the City of Austin?

☐ Yes ☒ No

*If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:*

i. Reside in the City of Austin?

☒ Yes ☐ No

ii. Registered to vote in the City of Austin?

☒ Yes ☐ No

iii. Continuously registered to vote in the City of Austin?

☒ Yes ☐ No

iv. Voted in 3 of the last 5 City of Austin general elections?

☒ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition: \_\_\_\_\_*

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**CONFLICTS OF INTEREST:**

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

*If YES, indicate which question(s):*

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

**CONSISTENCY:**

5. Are applicant answers consistent?

☒ Yes ☐ No

*If NO, indicate which answer(s):*

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

Application Reviewed By: <u>BL</u>	Review Date: <u>2/26/13</u>
Quality Control Review By: <u>RH</u>	QC Review Date: <u>2/28/13</u>
Follow-up Contact(s) Reviewed By: <u>N/A</u>	Date: _____